

## FAILURE TO RETURN LEASED OR RENTED MOTOR VEHICLE

## A RENTAL CAR MUST BE 72 HOURS OVERDUE BEFORE THIS REPORT CAN BE FILED WITH THE SPRINGFIELD POLICE DEPARTMENT

Complete the following information as completely and accurately as possible. The requested information is needed for any future presentation of a case to the Greene County Prosecutor's Office. Inaccurate or missing information may lead to investigative delays.

Attach photocopies of the following documents to this report:

- 1. Lease or rental application
- 2. Signed contract or agreement
- 3. Payment history (including last payment made on account)
- 4. Suspects drivers license

Retain all business documents for future reference or any court proceedings

Submit this report and supporting documents in person or by mail to:

Springfield Police Department 321 E. Chestnut Expressway Springfield, MO 65802

**Attention: Records Section** 

If you have any questions call: (417) 864-1810

Victim Information Please Type or Print				
Name of Business:				
Mailing Address:	Phone:	Phone:		
City:	State:	Zip:		
Address of Location Where Vehicle Rented:	Phone:	Phone:		
City:	State:	Zip:		
Name of Person Reporting Incident:	Title or Position:	Title or Position:		
Home Address:	Home Phone:	Home Phone:		
City:	State:	Zip:		

Witness Inf	ormation					·			
Name of Employe	e Who Rented the V	ehicle:				Title or Position:			
Home Address:		Home Phone:							
Dity:						State:		Zip:	
Who Can Identify	The Suspect?								
Additional Witness	s Information:								
Date Last Paymer	nt Made:			Dat	e Payment	of Vehicle	e Due:		
Vehicle Info	ormation								
Make:		N	/lodel:			Year:			
Color:		S	Style:			***************************************	License Plate:		State:
VIN:									
				d	J				
C	formation								
Suspect In Name: (Last, Firs						Social S	ecurity Number:		A A TORONO CONTRACTOR
Home Address:				Home Phone:					
Home Address.									
City:				State: Zip:		•			
Driver's License I	river's License Number: State:				Date of Birth:				
Sex:	Race:	Height:		Weight:	Eye	Color:	Hair Color:		Length:
Additional Suspe	ct Information:								
		SPRIN	GFIELD	POLICE DEP	ARTME	NT USE	ONLY		
Date Report Rec	eived:		Time Receiv	/ed:			Copy to MULES:		
Report Received By:					DSN:				



## PROBABLE CAUSE STATEMENT FOR STEALING LEASED OR RENTED PROPERTY

Dat	e:							
١,				, (person wi	no rented the persor	nal property),		
kno	wing that false s	tatements made herein	are punishabl	e by law, state a	s follows:			
1.		e cause to believe that _						
		(DOB),		(SSN), committe	ed a criminal offense	e of stealing leased		
	or rented prop	erty.						
2.	The facts supp	orting this belief are as	follows:					
	In Greene Cou	ınty, Missouri, on	/	/	_, above said lesse	e signed a written		
	agreement, incorporated by reference as *Attachment 1, to 🗌 lease or 🦳 rent (select one)							
		, which was d						
						(city), no later		
		(month),						
		porated by reference as				, with said demand		
	•	ed and mailed by 🗌 cer						
	or rental agreement. The notice contained a statement that the failure to return the property may subject the							
	lessee to criminal prosecution. Said lessee has failed to return the property.							
	Select One if A	Applicable:						
	The lessee:	Concealed Sold	Pawned	Loaned	Abandoned	] Encumbers		
	☐ Conveyed to another or ☐ Gave Away the property. ☐ The defendant aided or abetted the concealment							
	of the property. Explain how you know this:							
The	e above stateme	nts are true to the best c	of my informati	on and belief.				
			,					
Sig	nature		P	rinted Name				
J								
			C:1		Ctata			
Add	dress		City		State	Zip		

<sup>\*</sup>Attachment 1 – Lease Agreement

<sup>\*\*</sup>Attachment 2 - Demand Letter